

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT TIM SPOFFEY			
Street Address	4219 KUPPERNOE			
City	State	Zip Code		
ERIE	PA	16510		

Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7-Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		<input checked="" type="checkbox"/>	Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1-1-17	3-4-17	
A. Amount Brought Forward From Last Report	\$	0	2017 OCT 27 PM 3:31 ERIE COUNTY VOTER REGISTRATION TP
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	500	
D. Total Expenditures (From Schedule III)	\$	116	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	384	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

4th day of October 20 17
 Sonia Wilt
 Signature

My Commission expires 4-3-19
 MO. DAY YR.

Matthew D. Orlan
 Signature of Person Submitting report
 Matthew D. Orlan
 Printed Name

814 450-1828
 Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

27 day of October 20 17
 Sonia Wilt
 Signature

My Commission expires 4-3-19
 MO. DAY YR.

Tim Spoffey
 Signature of Candidate
 Timothy D. Spoffey
 Printed Name

814 860-1267
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Tonia Wilt, Notary Public
 City of Erie, Erie County
 My Commission Expires April 3, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																							
										Amount													
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										S			
House #										Street Address										Date [MM/DD/YYYY]	S		
City										State										Zip Code	Date [MM/DD/YYYY]	S	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

File Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]		S	
TIMOTHY D. SORACE						1-28-17		25-	
House #		Street Address				Date [MM/DD/YYYY]		S	
4219		KROPPER AVE							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
ERIE		PA		16510					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
RICHARD MAIN						1-29-17		100-	
House #		Street Address				Date [MM/DD/YYYY]		S	
4252		KROPPER AVE							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
ERIE		PA		16510					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
ROBERT O'CONNOR O'NEILL						2-4-17		25-	
House #		Street Address				Date [MM/DD/YYYY]		S	
9442		SUNSHINE LAKE							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
WATTSBURG		PA		16442					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
STEVEN HENERY						2-19-17		200-	
House #		Street Address				Date [MM/DD/YYYY]		S	
4039		CANTERBURY							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
ERIE		PA		16506					
Full Name of Contributor						Date [MM/DD/YYYY]		S	
DAVID WOLTALIK						2-19-17		100-	
House #		Street Address				Date [MM/DD/YYYY]		S	
1579		LAKE ROAD							
City		State		Zip Code		Date [MM/DD/YYYY]		S	
WATERFORD		PA							
Full Name of Contributor						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		S	
House #		Street Address				Date [MM/DD/YYYY]		S	
City					State		Zip Code		
						Date [MM/DD/YYYY]		S	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

File Identification Number	
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Full Name of Contributor		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor		Date (MM/DD/YYYY)	\$	
House #	Street Address	Date (MM/DD/YYYY)	\$	
City	State	Zip Code	Date (MM/DD/YYYY)	\$
Employer Name		Occupation		
Employer Mailing Address / Principal Place of Business				

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	
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Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

Full Name										
House #		Street Address								
City			State		Zip Code		Date: MM/DD/YYYY	S		
Receipt Description										

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.01 TO \$250.00 (FROM PART B)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART C)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						
Full Name of Contributor				Date (MM/DD/YYYY)		S
House #	Street Address			Date (MM/DD/YYYY)		S
City	State	Zip Code		Date (MM/DD/YYYY)		S
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)		\$	
City	State		Zip Code	Date (MM/DD/YYYY)		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)		\$	
City	State		Zip Code	Date (MM/DD/YYYY)		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)		\$	
City	State		Zip Code	Date (MM/DD/YYYY)		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)		\$	
City	State		Zip Code	Date (MM/DD/YYYY)		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

File Identification Number	
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To Whom Paid	McCoy's BARREL HOUSE				Date [MM/DD/YYYY]	3-6-17	\$	16.00
House #	1013	Street Address	STATE ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16501	CATERING		
To Whom Paid	County of ERIE				Date [MM/DD/YYYY]	3-6-17	\$	100-
House #	140	Street Address	WEST 6th		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16501	PETITION FEE		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt:	
House #:		Street Address:		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City:		State:		Zip Code:		
Description of Debt:						

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

Instructions for Reporting Contributions

The *aggregate* total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on **Schedule I, Contributions and Receipts Detailed Summary Page, Line 1**. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on **Schedule I, Part A, "Contributions Received from Political Committees,"** or **Part B "All Other Contributions."**

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on **Schedule I, Part C, "Contributions Received from Political Committees,"** or **Part D, "All Other Contributions."**

Receipts - Use **Part E, "Other Receipts"** to report all *other* monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the **Schedule I, "Contributions and Receipts Detailed Summary Page"** (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the **Schedule II Detailed Summary Page**.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

County Code Table:

01 Adams	24 Elk	47 Montour
02 Allegheny	25 Erie	48 Northampton
03 Armstrong	26 Fayette	49 Northumberland
04 Beaver	27 Franklin	50 Perry
05 Bedford	28 Forest	51 Philadelphia
06 Berks	29 Fulton	52 Pike
07 Blair	30 Greene	53 Potter
08 Bradford	31 Huntingdon	54 Schuylkill
09 Bucks	32 Indiana	55 Snyder
10 Butler	33 Jefferson	56 Somerset
11 Cambria	34 Juniata	57 Sullivan
12 Cameron	35 Lackawanna	58 Susquehanna
13 Carbon	36 Lancaster	59 Tioga
14 Centre	37 Lawrence	60 Union
15 Chester	38 Lebanon	61 Venango
16 Clarion	39 Lehigh	62 Warren
17 Clearfield	40 Luzerne	63 Washington
18 Clinton	41 Lycoming	64 Wayne
19 Columbia	42 McKean	65 Westmoreland
20 Crawford	43 Mercer	66 Wyoming
21 Cumberland	44 Mifflin	67 York
22 Dauphin	45 Monroe	
23 Delaware	46 Montgomery	

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices who file only with the County Board of Elections)